

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Cellulase Variants

the specification of which (check only one item below):

☐ is attached hereto

☒ was filed as United States application

Application No. to be assigned

on March 3, 1999

and was amended

on _____

☐ was filed as PCT international application

Number _____

on _____

and was amended under PCT Article 19

on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
Denmark	1013/96	17 September 1996	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Attorney's Docket Number:
4887.204-US

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT
UNDER 35 U.S.C. 120:

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Steve T. Zelson	Elias J. Lambiris	Valeta A. Gregg	Carol E. Rozek	Robert L. Starnes	Reza Green
Reg. No. 30,335	Reg. No. 33,728	Reg. No. 35,127	Reg. No. 36,993	Reg. No. 41,324	Reg. No. 38,475

Send Correspondence to: Steve T. Zelson, Esq.
Novo Nordisk of North America, Inc.
405 Lexington Avenue, Suite 6400
New York, New York 10174-6400

Direct Telephone Calls To:
Steve T. Zelson
(212) 867-0123

PTO 1391 (REV. 10-83)

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

Attorney's Docket Number:
4887.204-US

5	Full Name of Inventor	Family Name Von Der Osten	First Given Name Claus	Second Given Name
	Residence & Citizenship	City DK-2800 Lyngby	State or Foreign Country Denmark	Country of Citizenship Denmark
	Post Office Address	Post Office Address Boulevarden 14, 1.66	City DK-2800 Lyngby	State & Zip Code/Country Denmark
6	Full Name of Inventor	Family Name	First Given Name	Second Given Name
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country
7	Full Name of Inventor	Family Name	First Given Name	Second Given Name
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country
8	Full Name of Inventor	Family Name	First Given Name	Second Given Name
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country
9	Full Name of Inventor	Family Name	First Given Name	Second Given Name
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
Date	Date	Date
Signature of Inventor 4	Signature of Inventor 5	Signature of Inventor 6
Date	Date	Date
Signature of Inventor 7	Signature of Inventor 8	Signature of Inventor 9
Date	Date	Date